



COVID-19

COVID-19 Vaccination Intake Printable Form



Administrative Policy 1701: *COVID-19 Vaccination* requires all employees to be fully vaccinated against COVID-19 and provide proof of vaccination. The information being collected is pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed and protected in accordance with FOIP. If you have any questions about the collection or use of the information, please contact: Director of Safety Systems and Health Services, 780-940-7286, 9803 102A Ave NW, Edmonton, AB, T5J 3A3.

Employees are required to report accurate and truthful information. Employees knowingly providing false or misleading information may be subject to discipline.

Please complete all required fields below and attach a copy of your immunization record.

Name: _____ Employee ID: _____
 Phone number: _____ Email: _____

Please indicate your COVID-19 vaccination status:

- Partially vaccinated (have received only 1 of 2 doses)
- Fully vaccinated

*Individuals are considered fully vaccinated 14 days after receiving both doses in a 2 dose vaccine series (even if each dose is a different type of vaccine) or 1 dose in a 1 dose vaccine series.

Please indicate the type of your **first dose** of the COVID-19 vaccination:

- Pfizer-BioNTech/Comirnaty
- Moderna/Spikevax
- Janssen (Johnson & Johnson)
- AstraZeneca/COVISHIELD/Vaxzevria

Date 1st Dose Received: _____

(If Applicable) Please indicate the type of your **second dose** of the COVID-19 vaccination:

- Pfizer-BioNTech/Comirnaty
- Moderna/Spikevax
- Janssen (Johnson & Johnson)
- AstraZeneca/COVISHIELD/Vaxzevria

Date 2nd Dose Received: _____

(If Applicable) Please indicate the type of your **third dose/additional dose** of the COVID-19 vaccination:

- Pfizer-BioNTech/Comirnaty
- Moderna/Spikevax
- Janssen (Johnson & Johnson)
- AstraZeneca/COVISHIELD/Vaxzevria

Date Booster Dose Received: _____

The completed form and copies of vaccination records can be mailed or faxed to:

Mailing Address: Occupational Health Team, Workforce Safety & Employee Health, 11th Floor Century Place, 9803 102A Avenue, Edmonton, AB T5J 3A3 Fax Number: 780-498-7076